

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08578

Item 12 Film G221 10-7-57 et

CERTIFICATE OF DEATH

08582

Reg. Dist. No.

191

1. PLACE OF DEATH o. COUNTY <u>Howard County</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u> 3 Vol. 4			
d. NAME OF HOSPITAL (If not in hospital, give street address) <u>Taylor Manor Hospital</u>				d. STREET ADDRESS <u>620 N DECKER AVE</u>			
3. NAME OF DECEASED (Type or print) <u>Agatha</u> First Middle Last <u>Borowicz</u>				4. DATE OF DEATH <u>Aug</u> <u>28</u> <u>1957</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 3, 1888</u>	9. AGE (In years last birthday) <u>69</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Poland</u>							
13. FATHER'S NAME <u>JOHN BOROWICZ</u>				14. MOTHER'S MAIDEN NAME <u>PASKIEWICZ</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT <u>Son James BOROWICZ</u> Address <u>15 N LINWOOD AVE BALTIMORE 24</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> <u>422.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause lost. (b) <u>Hypostatic Pneumonia</u> (c) <u>Arteriosclerotic cardiovascular Disease</u> years							INTERVAL BETWEEN ONSET AND DEATH <u>4 h</u> <u>8 h</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Cerebral Arteriosclerosis</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <u>Aug 1st</u> , 19 <u>56</u> , to <u>Aug 28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Aug 28th</u> , 19 <u>57</u> , and that death occurred at <u>10:50</u> P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED							
ACTUAL SIGNATURE <u>Dwight J. Taylor</u> M.D. <u>Taylor Manor Hospital</u>							
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>8/31/57</u>		22c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY CEM</u>		22d. LOCATION (City, town, or county) (State) <u>GERMAN HILL RD. DUNDALK</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edward J. Maher</u> ADDRESS <u>401 S. Chester St</u>				24a. REC'D BY REGISTRAR <u>8/30/57</u>		24b. REGISTRAR'S SIGNATURE <u>J. C. Longhery</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18
 CERTIFICATE OF DEATH

NAME OF DECEASED [Faint, illegible text]		SEX [Faint, illegible text]		AGE [Faint, illegible text]	
DATE OF DEATH [Faint, illegible text]		PLACE OF DEATH [Faint, illegible text]		TIME OF DEATH [Faint, illegible text]	
OCCASION OF DEATH [Faint, illegible text]		CAUSE OF DEATH [Faint, illegible text]		MANNER OF DEATH [Faint, illegible text]	
SIGNATURE OF PHYSICIAN [Faint, illegible text]		SIGNATURE OF CORONER [Faint, illegible text]		SIGNATURE OF REGISTRAR [Faint, illegible text]	
SIGNATURE OF WITNESS [Faint, illegible text]		SIGNATURE OF WITNESS [Faint, illegible text]		SIGNATURE OF WITNESS [Faint, illegible text]	

RECEIVED
 SEP 3 1957
 BUREAU Y. S.

08579

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Haward</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Haward</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Laurel</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Laurel</u> x2			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Har-Lew Hall</u>				d. STREET ADDRESS <u>Har-Lew Hall</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <u>Marie</u> First <u>A.</u> Middle <u>Hartsack</u> Last				4. DATE OF DEATH <u>August 19</u> 19 <u>57</u> Month Day Year			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 19 1878</u>	9. AGE (In years last birthday) <u>79</u> yrs.	IF UNDER 1 YEAR: Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Samuel Mitchell Hartsack</u>				14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Lewis</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>William Reiley, Laurel Md</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertension: Heart disease</u> <u>1443 X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Hypertension arteriosclerosis</u> DUE TO (c) <u>—</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour <u>o-m</u> <u>19</u> p. m.				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>6/11</u> , 19 <u>55</u> , to <u>8/19 (19)</u> 19 <u>57</u> , that I last saw the deceased alive on <u>8/19</u> , 19 <u>57</u> , and that death occurred at <u>8 A.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>N B Steward</u>				M.D. <u>314 Comp an Laurel Md</u>			
PHYSICIAN'S NAME (Type) <u>N B Steward</u>				DATE SIGNED <u>314 Comp an Laurel Md</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Aug 21, 1957</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Imperial Cem</u>		22d. LOCATION (City, town, or county) (State) <u>Laurel Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>De Witt Donaldson</u>				ADDRESS <u>Laurel Md</u>		24a. REC'D BY REGISTRAR <u>Aug 22 57</u>	
				24b. REGISTRAR'S SIGNATURE <u>W. L. ...</u>			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1. NAME OF DECEASED [Faint text]		2. SEX [Faint text]	
3. AGE [Faint text]		4. DATE OF BIRTH [Faint text]	
5. PLACE OF BIRTH [Faint text]		6. OCCUPATION [Faint text]	
7. MARITAL STATUS [Faint text]		8. CAUSE OF DEATH [Faint text]	
9. MEDICAL HISTORY [Faint text]		10. SIGNATURE OF PHYSICIAN [Faint text]	
11. SIGNATURE OF REGISTRAR [Faint text]		12. DATE OF DEATH [Faint text]	
13. PLACE OF DEATH [Faint text]		14. TIME OF DEATH [Faint text]	
15. SIGNATURE OF WITNESS [Faint text]		16. SIGNATURE OF DECEASED [Faint text]	
17. SIGNATURE OF NEXT OF KIN [Faint text]		18. SIGNATURE OF BURIAL OFFICIAL [Faint text]	
19. SIGNATURE OF MINISTER OF RELIGION [Faint text]		20. SIGNATURE OF FUNERAL HOME [Faint text]	
21. SIGNATURE OF CEMETERY [Faint text]		22. SIGNATURE OF INTERMENT [Faint text]	
23. SIGNATURE OF INTERMENT [Faint text]		24. SIGNATURE OF INTERMENT [Faint text]	
25. SIGNATURE OF INTERMENT [Faint text]		26. SIGNATURE OF INTERMENT [Faint text]	
27. SIGNATURE OF INTERMENT [Faint text]		28. SIGNATURE OF INTERMENT [Faint text]	
29. SIGNATURE OF INTERMENT [Faint text]		30. SIGNATURE OF INTERMENT [Faint text]	
31. SIGNATURE OF INTERMENT [Faint text]		32. SIGNATURE OF INTERMENT [Faint text]	
33. SIGNATURE OF INTERMENT [Faint text]		34. SIGNATURE OF INTERMENT [Faint text]	
35. SIGNATURE OF INTERMENT [Faint text]		36. SIGNATURE OF INTERMENT [Faint text]	
37. SIGNATURE OF INTERMENT [Faint text]		38. SIGNATURE OF INTERMENT [Faint text]	
39. SIGNATURE OF INTERMENT [Faint text]		40. SIGNATURE OF INTERMENT [Faint text]	
41. SIGNATURE OF INTERMENT [Faint text]		42. SIGNATURE OF INTERMENT [Faint text]	
43. SIGNATURE OF INTERMENT [Faint text]		44. SIGNATURE OF INTERMENT [Faint text]	
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47. SIGNATURE OF INTERMENT [Faint text]		48. SIGNATURE OF INTERMENT [Faint text]	
49. SIGNATURE OF INTERMENT [Faint text]		50. SIGNATURE OF INTERMENT [Faint text]	
51. SIGNATURE OF INTERMENT [Faint text]		52. SIGNATURE OF INTERMENT [Faint text]	
53. SIGNATURE OF INTERMENT [Faint text]		54. SIGNATURE OF INTERMENT [Faint text]	
55. SIGNATURE OF INTERMENT [Faint text]		56. SIGNATURE OF INTERMENT [Faint text]	
57. SIGNATURE OF INTERMENT [Faint text]		58. SIGNATURE OF INTERMENT [Faint text]	
59. SIGNATURE OF INTERMENT [Faint text]		60. SIGNATURE OF INTERMENT [Faint text]	
61. SIGNATURE OF INTERMENT [Faint text]		62. SIGNATURE OF INTERMENT [Faint text]	
63. SIGNATURE OF INTERMENT [Faint text]		64. SIGNATURE OF INTERMENT [Faint text]	
65. SIGNATURE OF INTERMENT [Faint text]		66. SIGNATURE OF INTERMENT [Faint text]	
67. SIGNATURE OF INTERMENT [Faint text]		68. SIGNATURE OF INTERMENT [Faint text]	
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85. SIGNATURE OF INTERMENT [Faint text]		86. SIGNATURE OF INTERMENT [Faint text]	
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89. SIGNATURE OF INTERMENT [Faint text]		90. SIGNATURE OF INTERMENT [Faint text]	
91. SIGNATURE OF INTERMENT [Faint text]		92. SIGNATURE OF INTERMENT [Faint text]	
93. SIGNATURE OF INTERMENT [Faint text]		94. SIGNATURE OF INTERMENT [Faint text]	
95. SIGNATURE OF INTERMENT [Faint text]		96. SIGNATURE OF INTERMENT [Faint text]	
97. SIGNATURE OF INTERMENT [Faint text]		98. SIGNATURE OF INTERMENT [Faint text]	
99. SIGNATURE OF INTERMENT [Faint text]		100. SIGNATURE OF INTERMENT [Faint text]	

BUREAU V. 1

AUG 22 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08580

CERTIFICATE OF DEATH

Reg. Dist. No.

08584

194

1. PLACE OF DEATH a. COUNTY Howard MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Howard			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dayton				c. LENGTH OF STAY IN 1b X2 Dayton			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS 1			
3. NAME OF DECEASED (Type or print) First ESTIE Middle HOBBS Last				4. DATE OF DEATH Month August Day 15 Year 19 57			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 13, 1908		9. AGE (In years last birthday) 49 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY Telephone work		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joel Hobbs				14. MOTHER'S MAIDEN NAME Ella J. ne Phipps			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 218-12-6569		17. INFORMANT Mary Hobbs, Dayton Md		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anaplastic Carcinoma of The liver, 156.2 DUE TO primary site undetermined Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO _____ (c) _____						INTERVAL BETWEEN ONSET AND DEATH 4 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from January 19 57 , to Aug 15 , 19 57 , that I last saw the deceased alive on Aug 14 , 19 57 , and that death occurred at 2:15 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED							
ACTUAL SIGNATURE Charles S. Whitaker M.D.							
PHYSICIAN'S NAME (Type) CHARLES S. WHITAKER, M.D. CLARKSVILLE, MD							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8-18-57		22c. NAME OF CEMETERY OR CREMATORY Linthicum Chapel		22d. LOCATION (City, town, or county) (State) Clarksville, Md	
23. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbotham, Ellicott City, Md.				24a. REC'D BY REGISTRAR DATE AUG 19 1957		24b. REGISTRAR'S SIGNATURE Nora Whitaker	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Name of Deceased Edward		Sex Male		Age 32	
Date of Birth August 12, 1923		Place of Birth Virginia		Race White	
Cause of Death Heart Disease		Manner of Death Natural		Occupation None	
Date of Death August 12, 1957		Place of Death Home		Signature of Physician John H. Jones	
Signature of Registrar John H. Jones		Signature of Coroner John H. Jones		Signature of Medical Examiner John H. Jones	

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AUG 19 1957

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Date of Death August 12, 1957		Place of Death Home		Signature of Physician John H. Jones	
Signature of Registrar John H. Jones		Signature of Coroner John H. Jones		Signature of Medical Examiner John H. Jones	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08585

08531

CERTIFICATE OF DEATH

Reg. Dist. No.

191

1. PLACE OF DEATH a. COUNTY Howard MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Howard			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x2 Ellicott City			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Shaffers Convalescent Retreat				d. STREET ADDRESS 110 Fels Ave.			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LAURA ESTELLE KIRKWOOD				4. DATE OF DEATH Month Day Year August 13 1957 19			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1876		9. AGE (In years last birthday) yrs. 80	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Ellicott City, Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John F. Kirkwood				14. MOTHER'S MAIDEN NAME Mary Ann Mayfield			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Elizabeth Kirkwood, Ellicott City, Md			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Cardio Vascular Disease 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 1-11 , 19 55 , to 8-13 , 19 57 , that I last saw the deceased alive on 8-12 , 19 57 , and that death occurred at 1 A M, from the causes and on the date stated above.							
ACTUAL SIGNATURE George E. Burgtorf		M.D. Ellicott City, Md.		ADDRESS (Street, city or town, state)		DATE SIGNED 8-14-57	
PHYSICIAN'S NAME (Type) George E. Burgtorf M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8-15-57		22c. NAME OF CEMETERY OR CREMATORY St. Johns		22d. LOCATION (City, town, or county) (State) Ellicott City, Md	
23. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbotham, Ellicott City, Md				ADDRESS		24a. REC'D BY REGISTRAR Aug 16 1957	
				24b. REGISTRAR'S SIGNATURE J. E. Laughlin			

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Date of Death		Place of Death		Cause of Death		Manner of Death		Occupation		Education		Religion		Marital Status		Social Security Number		Signature of Physician		Signature of Registrar		Signature of Informant		Date of Filing		Filing Office		Filing Number		Filing Date		Filing Time		Filing Place		Filing Office		Filing Number		Filing Date		Filing Time		Filing Place	
John A. Johnson		Male		45		Jan. 15, 1912		Baltimore, Md.		Jan. 15, 1957		Baltimore, Md.		Heart Disease		Natural		Carpenter		High School		Roman Catholic		Married		123-45-6789		J. A. Johnson		J. A. Johnson		J. A. Johnson		Aug. 16, 1957		Baltimore, Md.		123-45-6789		Aug. 16, 1957		Baltimore, Md.													

BUREAU V. 8

AUG 16 1957

RECEIVED

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08532

CERTIFICATE OF DEATH

08586

Reg. Dist. No.

190

1. PLACE OF DEATH a. COUNTY Howard MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Howard	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge 27		c. LENGTH OF STAY IN lb X/ Elkridge 27	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RFD 4		d. STREET ADDRESS RFD 4	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS XAVIER PAVESICH		4. DATE OF DEATH Month Day Year Aug. 12, 1957 19	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 11, 1891
9. AGE (In years last birthday) 66 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm owner	
11. BIRTHPLACE (State or foreign country) Nebraska		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Paul Pavesich		14. MOTHER'S MAIDEN NAME Elizabeth Kennedy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWI WWI		16. SOCIAL SECURITY NO. 212-36-1967	
17. INFORMANT Mrs. Virginia Pavesich, Elkridge, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease DUE TO (c) 1 yr. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Emphysema & asthmatic bronchitis			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White Not white of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Oct 1956 , to Aug. 12, 1957 , that I last saw the deceased alive on July 30, 1957 , and that death occurred at 8:20 P. M. from the causes and on the date stated above.			
ACTUAL SIGNATURE John A Nesbitt Jr		ADDRESS (Street, city or town, state) DATE SIGNED 1118 St Paul St Baltimore 2 Maryland 8-13-57	
PHYSICIAN'S NAME (Type) JOHN A NESBITT JR			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8-14-57	
22c. NAME OF CEMETERY OR CREMATORY Good Shepherd		22d. LOCATION (City, town, or county) (State) Ellicott City, Md	
23. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbotham		ADDRESS Ellicott City, Md.	
24a. REC'D BY REGISTRAR AUG 15 1957		24b. REGISTRAR'S SIGNATURE Charles Williams	

CERTIFICATE OF DEATH

Form with fields for Name, Age, Sex, Race, Date of Birth, Date of Death, Cause of Death, and other medical details. The text is mirrored and difficult to read.

BUREAU V. S.

AUG 15 1957

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar for burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08587

08583

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

194

1. PLACE OF DEATH a. COUNTY HOWARD MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MARYLAND b. COUNTY HOWARD			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELLICOTT CITY		c. LENGTH OF STAY IN 1b 33 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELLICOTT CITY, MD.		d. STREET ADDRESS CHURCH ROAD	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) CHURCH ROAD				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ARTHUR Middle B Last TOWNSEND				4. DATE OF DEATH Month 8 Day -10- Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB. 15, 1915	
9. AGE (In years last birthday) 42 yrs.		IF UNDER 1 YEAR Months 4 Days 2 Hours 15 Min.		IF UNDER 24 HRS. Months 4 Days 2 Hours 15 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR I		10b. KIND OF BUSINESS OR INDUSTRY STATE RD. COMM.		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ARTHUR SMITH TOWNSEND				14. MOTHER'S MAIDEN NAME WILLAHEMINA BENJAMIN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 213-14-4740		17. INFORMANT Address ELLICOTT CITY, MD. MRS. MILDRED L. TOWNSEND CHURCH ROAD			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY SCLEROSIS 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE R. S. FISHER				M.D. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) R. S. FISHER				DATE SIGNED 8/10/57			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 8/13/57		22c. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL		22d. LOCATION (City, town, or county) (State) BALTIMORE, MD.	
23. FUNERAL DIRECTOR'S SIGNATURE Easton Sons Catonsville, Md.				24a. REC'D BY REGISTRAR AUG 15 1957		24b. REGISTRAR'S SIGNATURE J. E. Laughery	

MEDICAL CERTIFICATION

MAINE AND STATE DEPARTMENT OF HEALTH - BATHING
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. 8

JUG 15 1957

RECEIVED

may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08534

Items 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

CERTIFICATE OF DEATH

08588

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Howard</u> <u>MARYLAND</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Baltimore, Md.</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore, Md.</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Taylor Manor Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Maryanna</u> First <u>Mary</u> Middle <u>Urbanski</u> Last				4. DATE OF DEATH Month <u>August</u> Day <u>23</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAR 1 1887</u>	
9. AGE (In years last birthday) <u>70</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Stephen Kuc</u>			
14. MOTHER'S MAIDEN NAME <u>Antonina Bernadzikowska</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.				17. INFORMANT <u>PAULINE OLSZEWSKI</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u> <u>450.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) <u>Arterio sclerosis, generalized, severe</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u>				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>260X</u> <u>Diabetes Mellitus</u>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				21. I certify that I attended the deceased from <u>7/29/57</u> , 19 <u>57</u> , to <u>8/23</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Aug 23</u> , 19 <u>57</u> , and that death occurred at <u>7:25 AM</u> , from the causes and on the date stated above.			
ADDRESS (Street, city or town, state) <u>Taylor Manor Hospital</u>				DATE SIGNED <u>8/23/57</u>			
ACTUAL SIGNATURE <u>Irving J. Taylor</u>				PHYSICIAN'S NAME (Type) <u>Irving J. Taylor, M.D.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				22b. DATE THEREOF <u>8/27/57</u>		22c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY CEM</u>	
22d. LOCATION (City, town, or county) <u>GERMAN HALL RD. (DUNDALK)</u>				22e. (State) <u>Md.</u>			
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edward J. Weber</u>				ADDRESS <u>401 S. CHESTER ST.</u>		24a. REC'D BY REGISTRAR <u>8/26/57</u>	
24b. REGISTRAR'S SIGNATURE <u>J. C. Laughlin</u>				24c. (State) <u>Md.</u>			

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF DECEASED	
10. SIGNATURE OF WITNESSES		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF CLERK	
13. SIGNATURE OF REGISTRAR		14. SIGNATURE OF JUDGE		15. SIGNATURE OF SHERIFF	
16. SIGNATURE OF CORONER		17. SIGNATURE OF JURY		18. SIGNATURE OF COURT	
19. SIGNATURE OF DISTRICT ATTORNEY		20. SIGNATURE OF COUNTY ATTORNEY		21. SIGNATURE OF CITY ATTORNEY	
22. SIGNATURE OF TOWN ATTORNEY		23. SIGNATURE OF VILLAGE ATTORNEY		24. SIGNATURE OF PARISH ATTORNEY	
25. SIGNATURE OF CHURCH ATTORNEY		26. SIGNATURE OF SCHOOL ATTORNEY		27. SIGNATURE OF POST OFFICE ATTORNEY	
28. SIGNATURE OF RAILROAD ATTORNEY		29. SIGNATURE OF CANAL ATTORNEY		30. SIGNATURE OF BRIDGE ATTORNEY	
31. SIGNATURE OF FERRY ATTORNEY		32. SIGNATURE OF DOCK ATTORNEY		33. SIGNATURE OF WHARF ATTORNEY	
34. SIGNATURE OF MARKET ATTORNEY		35. SIGNATURE OF BAZAAR ATTORNEY		36. SIGNATURE OF FAIR ATTORNEY	
37. SIGNATURE OF RACE ATTORNEY		38. SIGNATURE OF MEETING ATTORNEY		39. SIGNATURE OF CONVENT ATTORNEY	
40. SIGNATURE OF CHURCH ATTORNEY		41. SIGNATURE OF SCHOOL ATTORNEY		42. SIGNATURE OF POST OFFICE ATTORNEY	
43. SIGNATURE OF RAILROAD ATTORNEY		44. SIGNATURE OF CANAL ATTORNEY		45. SIGNATURE OF BRIDGE ATTORNEY	
46. SIGNATURE OF FERRY ATTORNEY		47. SIGNATURE OF DOCK ATTORNEY		48. SIGNATURE OF WHARF ATTORNEY	
49. SIGNATURE OF MARKET ATTORNEY		50. SIGNATURE OF BAZAAR ATTORNEY		51. SIGNATURE OF FAIR ATTORNEY	
52. SIGNATURE OF RACE ATTORNEY		53. SIGNATURE OF MEETING ATTORNEY		54. SIGNATURE OF CONVENT ATTORNEY	
55. SIGNATURE OF CHURCH ATTORNEY		56. SIGNATURE OF SCHOOL ATTORNEY		57. SIGNATURE OF POST OFFICE ATTORNEY	
58. SIGNATURE OF RAILROAD ATTORNEY		59. SIGNATURE OF CANAL ATTORNEY		60. SIGNATURE OF BRIDGE ATTORNEY	
61. SIGNATURE OF FERRY ATTORNEY		62. SIGNATURE OF DOCK ATTORNEY		63. SIGNATURE OF WHARF ATTORNEY	
64. SIGNATURE OF MARKET ATTORNEY		65. SIGNATURE OF BAZAAR ATTORNEY		66. SIGNATURE OF FAIR ATTORNEY	
67. SIGNATURE OF RACE ATTORNEY		68. SIGNATURE OF MEETING ATTORNEY		69. SIGNATURE OF CONVENT ATTORNEY	
70. SIGNATURE OF CHURCH ATTORNEY		71. SIGNATURE OF SCHOOL ATTORNEY		72. SIGNATURE OF POST OFFICE ATTORNEY	
73. SIGNATURE OF RAILROAD ATTORNEY		74. SIGNATURE OF CANAL ATTORNEY		75. SIGNATURE OF BRIDGE ATTORNEY	
76. SIGNATURE OF FERRY ATTORNEY		77. SIGNATURE OF DOCK ATTORNEY		78. SIGNATURE OF WHARF ATTORNEY	
79. SIGNATURE OF MARKET ATTORNEY		80. SIGNATURE OF BAZAAR ATTORNEY		81. SIGNATURE OF FAIR ATTORNEY	
82. SIGNATURE OF RACE ATTORNEY		83. SIGNATURE OF MEETING ATTORNEY		84. SIGNATURE OF CONVENT ATTORNEY	
85. SIGNATURE OF CHURCH ATTORNEY		86. SIGNATURE OF SCHOOL ATTORNEY		87. SIGNATURE OF POST OFFICE ATTORNEY	
88. SIGNATURE OF RAILROAD ATTORNEY		89. SIGNATURE OF CANAL ATTORNEY		90. SIGNATURE OF BRIDGE ATTORNEY	
91. SIGNATURE OF FERRY ATTORNEY		92. SIGNATURE OF DOCK ATTORNEY		93. SIGNATURE OF WHARF ATTORNEY	
94. SIGNATURE OF MARKET ATTORNEY		95. SIGNATURE OF BAZAAR ATTORNEY		96. SIGNATURE OF FAIR ATTORNEY	
97. SIGNATURE OF RACE ATTORNEY		98. SIGNATURE OF MEETING ATTORNEY		99. SIGNATURE OF CONVENT ATTORNEY	
100. SIGNATURE OF CHURCH ATTORNEY		101. SIGNATURE OF SCHOOL ATTORNEY		102. SIGNATURE OF POST OFFICE ATTORNEY	

BUREAU V. E.

AUG 27 1957

RECEIVED